

OFFICE
ONLY

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

97

146-84 08302

STATE FILE NUMBER

RICT

IES

PITAL

URRENCE

DENCE

CT

UPATION

IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDENCE ITEM 5.

DECEDENT

PARENTS

DISTRIBUTION

CERTIFIER

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO
IMMEDIATE CAUSE STATING UNDERLYING
CAUSE LAST.

C LOC

ERIES

FOR STATE
REGISTRAR
USE ONLY

1. NAME-FIRST, MIDDLE, LAST Herbert John Debban				2. SEX Male		3. DEATH DATE (MO DAY YR) June 1, 1984		146-84 08302							
4. RACE (WHITE, BLACK, AM. IND. ETC. (SPECIFY)) White		5. AGE, LAST BIRTH DAY (YRS) 63		6. UNDER 1 YEAR MOS. DAYS		7. UNDER 1 DAY HOURS MINS		8. BIRTHDATE (MO DAY YR) Aug. 28, 1920		9. COUNTY OF DEATH Benton					
10. CITY, TOWN OR LOCATION OF DEATH Richland				11. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 0. HOME 2. INTRANSPORT 3. EMERG RM/OUT PTN 4. HOSP 5. NUR HOME 1. OTHER PLACE Kadlec Medical Center				12. RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED? No YES/NO							
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Nebraska		14. CITIZEN OF WHAT COUNTRY U.S.A.		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		16. SPOUSE (IF WIFE GIVE MAIDEN NAME) Eunice (NMN) Arnett				17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) No					
18. SOCIAL SECURITY NO. 507-16-9296				19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) Management Analyst (Ret.)				20. KIND OF BUSINESS OR INDUSTRY United States Government							
21. RESIDENCE - NUMBER AND STREET 8107 West Falls Place				22. CITY/TOWN, OR LOCATION Kennewick		23. INSIDE CITY LIMITS? (YES/NO) Yes		24. COUNTY Benton		25. STATE Washington					
26. FATHER - NAME FIRST, MIDDLE, LAST George (NMN) Debban						27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Emily (NMN) Linke									
28. INFORMANT - NAME Mrs. Herbert J. Debban				29. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 8107 West Falls Place, Kennewick, Washington 99336											
30. BURIAL, CREMATION REMOVAL, OTHER (SPECIFY) Burial		31. DATE (MO DAY YR) June 4, 1984		32. CEMETERY/CREMATORY - NAME Sunset Memorial Gardens				33. LOCATION - CITY/TOWN, STATE Richland, Washington							
34. FUNERAL DIRECTOR SIGNATURE X <i>Raymond Webb</i>		35. NAME OF FACILITY Einan's Funeral Home, Inc.				36. ADDRESS OF FACILITY P.O. Box 90, Richland, WA. 99352									
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER									
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>Stuart V Freeman MD</i>						41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X									
38. DATE SIGNED (MO DAY YR) June 4, 1984				39. HOUR OF DEATH (24 HRS) 10:16 A.M.		42. DATE SIGNED (MO DAY YR)				43. HOUR OF DEATH (24 HRS)					
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						44. PRONOUNCED DEAD (MO DAY YR)				45. HOUR PRONOUNCED DEAD (24 HRS)					
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) Dr. Stuart V. Freeman 953 Stevens Drive, Richland, Washington 99352															
47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)) (A) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (B) Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF: (C)												INTERVAL BETWEEN ONSET AND DEATH 45 minutes			
												INTERVAL BETWEEN ONSET AND DEATH 9 years			
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE												49. AUTOPSY? (YES/NO) No		50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) No	
51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)		52. INJURY DATE (MO DAY YR)		53. HOUR OF INJURY (24 HRS)		54. DESCRIBE HOW INJURY OCCURRED									
55. INJURY AT WORK? (YES/NO)				56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)				57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE							
58. REGISTRAR SIGNATURE X <i>Herbert L. Cahn</i>		59. DATE RECEIVED (MO DAY YR) JUN 05 1984													
60. ITEM		DOCUMENTARY EVIDENCE:		REVIEWED BY:		DATE:		ITEM		DOCUMENTARY EVIDENCE:		REVIEWED BY:		DATE:	